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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	M506
First Named Inventor	VAGANDV, VLADIMIR
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FEATURE AND METHOD TO ALIGN AND ASSEMBLE  
PHOTONIC COMPONENTS

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.


Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number or Bar Code Label  OR ☒ Correspondence address belowName **PATRICK REILLY - MEGASENSE**Address **1215 BORDEAUX DRIVE**City **SUNNYVALE** State **CA** ZIP **94089**Country **US** Telephone **831 332 7127** Fax **408 440 9741**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name (first and middle [if any]) **VLADIMIR**Family Name or Surname **VAGANOV**Inventor's Signature  Date **11/15/01**Residence: City **LOS GATOS** State **CA** Country **USA** Citizenship **U.S.A.**Mailing Address **1215 BORDEAUX DRIVE**City **SUNNYVALE** State **CA** ZIP **94089** Country **USA**NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name (first and middle [if any]) **CHING**Family Name or Surname **CHU**Inventor's Signature **Ching Chu** Date **Nov. 16.01**Residence: City **Sunnyvale** State **CA** Country **USA** Citizenship **Canadian**Mailing Address **1215 Bordeaux Drive, Sunnyvale, CA 94089**City **SUNNYVALE** State **CA** ZIP **94089** Country **USA**☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → 

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## DECLARATION

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page \_\_\_\_ of \_\_\_\_

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

MICHAEL PETER  
Inventor's Signature *Michael Kohlstart*

KOHLSTART

11/16/01  
Date

Residence: City SAN JOSE

State CA

Country USA

CANADA  
Citizenship

Mailing Address 1215 BORDEAUX DRIVE

Mailing Address

City SUNNYVALE

State CA

ZIP 94089

Country USA

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

**Name of Additional Joint Inventor, if any:**

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

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City

State

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PTO/SB/81 (02-01)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	VAGANOV, VLADIMIR
Title	ALIGN AND ASSEMBLE
Group Art Unit	
Examiner Name	
Attorney Docket Number	MS06

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
PATRICK REILLY	37,427

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

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<input checked="" type="checkbox"/> Firm or Individual Name	PATRICK REILLY				
Address	1215 BOX DEAN DRIVE				
Address					
City	SUNNYVALE	State	CA	Zip	94089
Country	US				
Telephone	831 332 7127	Fax	408 400 9701		

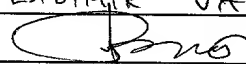
I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).


### SIGNATURE of Applicant or Assignee of Record

Name	VLADIMIR VAGANOV
Signature	
Date	11/15/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of THREE forms are submitted.

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PTO/SB/81 (02-01)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	VAGANDU VLADIMIR
Title	ALIGN AND ASSEMBLE
Group Art Unit	
Examiner Name	
Attorney Docket Number	MS06

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Name	Registration Number
PATRICK REILLY	37,427

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<input checked="" type="checkbox"/> Firm or Individual Name	PATRICK REILLY				
Address	1215 BORDEAUX DRIVE				
Address					
City	SUNNY VALE	State	CA	Zip	94089
Country	USA				
Telephone	831 332 7127	Fax	408 400 970		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	CHING CHU
Signature	Ching Chu
Date	Nov. 15, 2001

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	VAGANOV, V.
Title	ASSEMBLE + ALIGN
Group Art Unit	
Examiner Name	
Attorney Docket Number	MS46

I hereby appoint:

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☒ Practitioner(s) named below:

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Name	Registration Number
PATRICK REILLY	37427

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**OR**

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**OR**

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Label here

<input checked="" type="checkbox"/> Firm or Individual Name	PATRICK REILLY				
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Address	1215 BORDAUX				
City	SCANNYVILLE	State	CA	Zip	94089
Country	USA				
Telephone	831 332 7127	Fax	831 652 813		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Michael P. Kohlstadt
Signature	<i>Michael Kohlstadt</i>
Date	11/16/01

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